

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">09/913374</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1											
3		2											
4		1											
5		1											
6		1											
7		1											
8		1											
9		1											
10		1											
11													
12	1												
13			1										
14				1									
15				1									
16				1									
17				1									
18				1									
19				1									
20				1									
21				1									
22				1									
23				1									
24			1										
25				1									
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
TOTAL IND.		↓	2	↓		↓			↓		↓		↓
TOTAL DEP.		↓	11	↓		↓			↓		↓		↓
TOTAL CLAIMS			13										

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS